



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 336-8535

OWNER OF BUSINESS: RONG HU

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: RONG HU

FICTITIOUS NAME: SUNSHINE FOOT MASSAGE

MAILING ADDRESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	09/27/16	nlove
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	12/16/15	tchen
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	07/11/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/08/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/06/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	07/11/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

5910
ID # 142675

BUSINESS INFORMATION

Type of Business: Massage Parlor	Address of Business: 2023 S. Hacienda Blvd Hacienda Heights	
DBA (Business Name): Sunshine For Massage	Business Telephone: 626-336-8535	
Sellers Permit # (State Board of Equalization):	Mailing Address: Same	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: Rong Hu		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: HRong1963@gmail.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **09/04/15** Applicant's Signature: **Rong Hu**

Application taken by: **Diana** Date: **9/4/15**

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 336-8535**

OWNER OF BUSINESS: **RONG HU**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SUNSHINE FOOT MASSAGE**

MAILING ADDRESS: **2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 9-27-16

3232637342

10:28:27 a.m. 10-07-2015

11/17

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

Need 661

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 336-8535

26-13D

OWNER OF BUSINESS: RONG HU

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SUNSHINE FOOT MASSAGE

MAILING ADDRESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Need to hang fire extinguisher

SIGNATURE: *RJ 13D*

DATE: 10-13-15

BASIC LICENSE NO. 5910

DATE 09/08/15

IDENTIFICATION NUMBER 142675

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 336-8535**

**UNINCORPORATED
INSPECTION**

OWNER OF BUSINESS: **RONG HU**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SUNSHINE FOOT MASSAGE**

MAILING ADDRESS: **2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

G21- NORWALK

**PUBLIC HEALTH
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

[Signature]

DATE: _____

12/16/15



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

915-01003-3410-446

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 336-8535

OWNER OF BUSINESS: RONG HU

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SUNSHINE FOOT MASSAGE

MAILING ADDRESS: 2023 S HACIENDA BLVD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approval

SIGNATURE:

[Signature]

DATE:

6/30/16

Kle

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~\$365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: August 26, 2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 2023 S. Hacienda Blvd.

CITY: Hacienda Heights, CA 91745 APN#: 8219-012-031

NAME OF OWNER: Rong Hu PHONE#: (626) 336-8535

D.B.A./NAME OF BUSINESS: Sunshine Foot Massage CELL PHONE#: _____

MAILING ADDRESS: 2023 S. Hacienda Blvd, Hacienda Heights, CA 91745

E-mail ADDRESS: _____

To be completed by Regional Planning

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

EXISTING USE: New () Renewal ()

RBUS RBWS 201500949

PROJECT # R2015-08627

CELL PHONE #: _____

USE PERMITTED IN ZONE C-2-BE USE NOT PERMITTED IN ZONE: _____

APPROVED ✓ DENIED: _____

REMARKS: Approved per AB1147. Massage parlor shall
cease operation on 1/1/2020.

SIGNATURE: [Signature]

DATE: 8/31/2015